

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1					51				
2	1					52				
3	1					53				
4	31					54				
5	1					55				
6	61					56				
7						57				
8	151					58				
9	1					59				
10	1					60				
11						61				
12	1					62				
13	31					63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep	2									
Total Depend	11									
Total Claims	13									

13/2